

STATE OF NEW JERSEY, ACCIDENT BLANK

Report every accident, no matter how small, and in case of fatal accident or serious injury, telephone or telegraph at once, giving date of inquest, if any. A compensable occupational disease is to be considered an accident.

This report of accident or occupational disease is to be prepared in TRIPLICATE. The original is to be sent to the Department of Labor, Bureau of Industrial Statistics, State House, Trenton, N. J. Carbon copy will not serve. Triplicate copy is to be kept on file by the employer. Duplicate copy is to be sent to

THE EMPLOYERS' LIABILITY ASSURANCE CORPORATION, LTD.
1180 Raymond Boulevard - Raymond-Commerce Building
Newark, N. J.

FORM "C". First notice of Accident. For use by insuring employers.

Newark Eagles Baseball Club (Name of Employer)	Date of Accident	5	Number of Month	Murry Watkins (Name of Injured Employee)
71 Crawford St. (Street Address)		20	Day of Month	
Newark N. Jersey (City or Town)		1943	Year	Newark N. J. (Street Address)
Professional Baseball (Business)		9.30	A. M. P. M.	ballplayer (City or Town)
Date report received		Hour	3. (Occupation)	4. (Nationality)
Leave this line blank		5. Sex male	6. Age 24	7. Married Yes
1. State fully how accident occurred		8. Give name of machine or appliance involved		
In covering second base in an effort to tag the runner who was advancing from first to second, the runner stepped on his foot causing the spike on the shoes to cut it.		9. Indicate kind of work done on this machine		
2. Exact part of person injured, with nature and extent of injury		10. Name distinct part of machine causing injury		
the large toe on the left foot was cut on the side		11. Was any guard protecting this portion of the machine?		
Was amputation necessary? no		17. Were the wages fixed by the output?		
12. Give probable period of disability none		18. If the wages were fixed by the hour, state RATE per hour		
13. Was medical attention necessary? yes		19. Give number of HOURS in ordinary day		
14. Name and address of attending physician		20. Give number of DAYS in ordinary working week		
Dr. Carmichael Washington DC.		21. State the amount of weekly WAGES		
15. If sent to hospital, state name and location		Made out by		
16. Exact location of accident. If away from plant, give town, street and number		Before detaching, fill in on FORM "D" names, date of accident, and mail seven days after.		
Griffith Stadium Washington DC.		If employee has resumed work at time of reporting, do not detach.		
May 24 1943				
Date of preparing this blank				

Newark Eagles Baseball Club

(Name of Employer)

71 Crawford St.

(Street Address)

Newark N. Jersey

(City or Town)

Date of Accident

4

Number
of
Month

Wilmore Williams

(Name of Injured Employee)

25

Day of
Month

1943

Year

(Street Address)

Newark N. Jersey

(City or Town)

30. Did employee lose any time? **no**

31. Date disability began

32. Is employee able to resume work?

33. If so, on what DATE?

34. State length of disability, weeks.....days.....

Date of preparing this blank **May 24** 19 **43**

35. Date seven days after accident.
Must be mailed on or before

36. Report received.
Leave this blank

37. If not able to work, give
probable date of recovery

38. Has any permanent injury resulted?
If so, describe fully on back of form

Made out by

If employee is still disabled at the time of preparing FORM "C", fill in names on this supplemental report, detach it and forward same, duly completed, on the SEVENTH DAY after the day of the accident, or on the day the injured returns, if he is able to work before the expiration of seven days. *If employee loses no time*, or has returned to work at time of reporting, fill out FORM "D", but do not detach.

This report of accident is to be prepared in TRIPLICATE. Mail the original (if detached) to the Department of Labor, Compensation Bureau, State Office Building, Trenton, N. J. (carbon copy will not serve). Triplicate copy is to be kept on file by the employer. Duplicate copy is to be sent to

THE EMPLOYERS' LIABILITY ASSURANCE CORPORATION, LTD.

1180 Raymond Boulevard - Raymond-Commerce Building

Newark, N. J.

FORM "D". SUPPLEMENTAL REPORT. For use of insuring employers. When in need of blanks, apply to your insurance carrier.